

Caesar Rodney School District
W. B. Simpson Elementary School
5 Old North Road
Camden DE 19934



Parental Request to Have Prescription Medication/Treatment Administered in School

If it is necessary for your child to receive medication during the school day, please do the following:

- Send the medication to school with a responsible individual if you are unable to take it to school.
- Send the medication in the original container properly labeled with correct name, time, dose and date.
- Count the tablets (unless the number of tablets is the exact number on the label) or approximate amount of liquid in the bottle.
- Fill out the following information:

Student's Name _____

Date _____ Dose Time _____

Medication _____

Reason for Medication _____

Allergies to any medications _____

Number of tablets sent _____ Amount of liquid _____

I am aware that the school nurse may have a need to contact the prescribing healthcare provider or pharmacist relative to the medication/treatment and I give my permission.

Parent/Guardian Signature

Date

Nurse's Signature

Number of tablets/amount of liquid received